



**Missouri Department of Insurance, Financial Institutions & Professional Registration  
Insurance Market Regulation Division  
Life & Health Section**

Company Name: \_\_\_\_\_

Form # as it appears on the TD-1: \_\_\_\_\_

<b>This form will be used in the following markets (please indicate all that apply):</b>		
<b>Large Group</b>	<b>Small Group</b>	<b>Individual</b>

<b>HMO Evidences of Coverage</b>			
REVIEW REQUIREMENTS	Citation	Summary	Location in Contract (page and section #) If Applicable

**Filing Submissions**

Transmittal Document	20 CSR 400-8.200(3)(B)	Format may be different for SERFF filings.	
Cover Letter	(3)(C)	Letter of transmittal which briefly describes benefits, purpose, and intended market. Disclose if form is new or a replacement.	
Form Number	(3)(G)	Each form must have a form number assigned by the submitting HMO in the lower left corner of the face page or first page.	

**Policy Forms**

	<b>20 CSR 400-7.030</b>	<b>20 CSR 400-7.030 (all policy forms)</b>	
Company contact information	(1)	Name, address, telephone number on face page	
Disclosure of services	(2)	Description of services, Co-payment, other charges	
Cancellation	(3)	Cancellation notices, 31 day prior notice, group only: not prior to 1st anniversary	
Claims	(4)	Claim filing procedures	
Effective date	(6)	Effective date requirements	
Eligibility	(7)	Eligibility requirements, dependents, limiting age	
Out of area	(9)	Description of out of area benefits.	
Entire contract	(10)	Entire contract provision- any change must be approved an officer of the HMO	
Exclusions	(11)	Exclusions and limitations	
Contestability	(12)	2 year incontestability	
Rates	(13)	Prior notification of rate changes	
Service area	(14)	Service area description	
Termination of dependent	(15)	Termination due to limiting age, effects of Medicare eligibility	
Extended coverage for a dependent	(15)(B)	Coverage for Handicap child past limiting age	



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Information to enrollee	(16)	Where to obtain services	
Notice to enrollee	(17)	Notice required if choice of providers is restricted	
<b>Group Policy Forms</b>	<b><u>20 CSR 400-7.040</u></b>		
EOC for each enrollee	(2)	Evidence of coverage delivered to each enrollee. Conflict between the EOC and the contract for coverage to be resolved in favor of the enrollee.	
New employees	(3)	How to add new employees	
Grace period	(4)	Grace period (31 days)	
<b>Individual Policy Forms</b>	<b><u>20 CSR 400-7.050</u></b>		
Reinstatement	(2)	Reinstatement requirements	
Right to examine	(3)	10 day right to examine agreement	
Premium Disclosure	(4)	Original premium must be stated	
Grace period	(5)	10-day grace period	
<b>Coordination Of Benefits</b>	<b><u>20 CSR 400-7.060</u></b>	<b>Same as Health Group COB (<u>20 CSR 400-2.030</u>)</b>	
Co-Pay Rule	<u>20 CSR 400-7.100</u>	Co-payments: 50% total cost of any single service, 20% aggregate cost of all basic health care, not to exceed 200% of total annual premium. Stated as dollar amount. Single service co-pays expressed as % or dollar amount in certificate.	
Co-Pay: Out-of-network provider in an In-network facility	Hold Harmless	Does your contract hold the member harmless, as described in 354.606.2, for services billed from non-network providers in in-network facilities?	YES or NO
Disenrollment	<u>20 CSR 400-7.150</u>	Disenrollment - Not until collection efforts initiated (within 60 days after HMO notified co-pay is due). Enrollee notified (written notice) prior to disenrollment...given 10 working days to make arrangement.	
Enrollee participation	<u>354.420 RSMo. &amp; 20 CSR 400-7.120</u>		
Definitions	<u>354.400 RSMo.</u>	Definition of emergency and other standards.	
Specialty Providers	<u>354.442.1(14) RSMo.</u>	Listing by specialty of all participating providers updated at least annually	
Cancel / non-renew	<u>354.462 RSMo.</u>	Cancellation or non-renewal only for failure to pay charges, fraudulent misuse of system, abusive conduct, failure to establish proper patient-physician relationship	
Dependent coverage	<u>354.536 RSMo.</u>	Coverage provided for dependents who are no more than 25 years old	



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Second Opinions	<u>354.546 RSMo.</u> <u>376.1253 RSMo.</u>	Second Opinions - Any Condition Second Opinions – Newly diagnosed Cancer Patients	
Disclosure	<u>354.603.1(4) RSMo.</u>	Clear statement that, notwithstanding legitimate and medically based referral patterns, neither the HMO nor the participating providers shall act in a manner that unreasonably restricts an enrollee's access to the entire network, unless the HMO has a written agreement with the holder of the <b>benefits</b> contract to a reduced network, and has requested an exception for a reduced network per 20 CSR 400-7.095 and filed an access plan for the reduced network prior to selling a new product, per 354.603.2.	
Hold Harmless	<u>354.606.2 RSMo.</u>	The enrollee may not be billed by the provider for anything other than co-payments	
Insolvency	<u>354.606.3 RSMo.</u>	Services continue in the event of a carrier's insolvency or cessation of operations	
Termination of Contract	<u>354.606.4 RSMo.</u>	Provisions shall...favor enrollee, survive termination of the contract, supersede other agreements	
Continuation of care	<u>354.612 RSMo.</u>	Up to 90 day continuation of care when provider terminated, continued care at no greater cost	
Referrals	<u>354.615.1 RSMo.</u>	Referral to non-participating specialist, if none in network	
Referrals	<u>354.615.2 RSMo.</u>	Standing referral to specialist for ongoing care	
Referrals	<u>354.615.3 RSMo.</u>	Referral to specialist for providing and coordinating services when life-threatening condition or degenerative disease or condition	
Referrals	<u>354.615.4 RSMo.</u>	Same as 354.615.3 for specialty care centers	
Open Referral	<u>354.618 RSMo.</u>	Offering of an open referral health plan when applicable	
Prompt Pay	<u>376.383 - 376.384</u>	Rules for acknowledgement and prompt payment of claims, civil recourse available	
Diabetes	<u>376.385 RSMo.</u>	Diabetes equipment, supplies, etc - <b>MANDATED OFFER</b>	
Drug Co-pay	<u>376.386 RSMo.</u>	1 co-pay for multi dosage, where applicable	
Drug Cancellation Notification	<u>376.392 RSMo.</u>	Carriers are required to notify enrollees 30 days prior to cancellation of a specific Rx.	
Conversion - group	<u>376.395-404 RSMo.</u>	Conversion upon termination of eligibility - group	
Newborn coverage	<u>376.406 RSMo.</u>	Moment of birth to 31 days. <b>Plus an additional 10 days.</b>	
Continuation of coverage	<u>376.428 RSMo.</u>	Continuation for terminated member - group	
Clinical Trials	<u>376.429 RSMo.</u>	Shall provide coverage for routine patient care costs incurred from phase II, III or IV clinical trials	



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Extension of Benefits - group	<u>376.438</u>	Provision for extension of benefits in the event of total disability at the date of any termination	
Mammography	<u>376.782 RSMo.</u>	Minimum requirements	
Child Health Supervision	<u>376.801 RSMo.</u>	OFFER (in writing)	
Elective abortions	<u>376.805 RSMo.</u>	Only as Optional Rider	
Coverage for adopted children	<u>376.816 RSMo.</u>	Provision identifying the effective dates of coverage for adoptive children	
Child Coverage: Discrimination Prohibited	<u>376.820</u>	Prohibited discrimination of child enrollment	
Spousal continuation - group	<u>376.891-894 RSMo.</u>	Following COBRA	
Direct access OB/GYN	<u>376.1199 RSMo.</u>	Direct access OB/GYN, Osteoporosis, Contraceptives	
Chemotherapy	<u>376.1200 RSMo.</u>	Chemotherapy/Bone Marrow Transplants - OFFER (in writing)	
Reconstructive surgery following mastectomy	<u>376.1209 RSMo.</u>	Coverage for reconstructive surgery & prosthetic devices following mastectomy. No time limits allowed.	
Minimum maternity benefits	<u>376.1210 RSMo.</u>	48/96 hr inpatient, postdischarge, etc.	
Childhood immunizations	<u>376.1215 RSMo.</u>	Childhood immunizations with no co-payment	
First Steps	<u>376.1218 RSMo.</u>	For children enrolled in the Part C early intervention system.	
PKU testing and formula	<u>376.1219 RSMo.</u>	Coverage for the treatment of phenylketonuria	
Newborn Hearing Screening	<u>376.1220</u>	Coverage for Newborn hearing screening, necessary re-screening, follow-up	
Coverage for hospital dental procedure	<u>376.1225</u>	Coverage for general anesthesia, hospital charges for dental care	
Coverage for Chiropractic Care	<u>376.1230</u>	Shall provide chiropractic care, as defined in chapter 331, RSMo, as part of basic health care services for covered conditions.  No limits to the number of chiropractic service visits. Though, carriers may require that an authorization be obtained for any visit after the first 26 per policy period.	
Cancer Screenings	<u>376.1250</u>	Pelvic exam, prostate exam, colorectal exam, etc.	
Antigen Testing	<u>376.1275</u>	Human leukocyte antigen testing for bone marrow transplantation	
Testing for lead poisoning	<u>376.1290</u>	OFFER – Coverage for testing of lead poisoning	
Appeal for Drugs and DME	<u>376.1361.10 RSMo.</u>	Right to appeal for coverage of drugs & durable medical equip.	



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**Mental Health / Chemical Dependency**

Alcoholism	<u>376.779 RSMo</u>	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under 376.811 are not automatically included or are rejected and the benefits outlined under 376.827 are not provided	
Definitions	<u>376.810</u>	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	<u>376.811</u>	OFFER	
Mental Health & Chemical Dependency	<u>376.825</u> ____	Mental Health & Chemical Dependency Minimums (If Coverage Included)	
Mental Health Parity	<u>376.1550</u>	No longer allows a time limit for in-patient requirement as found in 376.811.2(3). Applies to group policies with mental health coverage.	

**Grievance Procedures & Utilization Review**

Definitions UR	<u>376.1350 RSMo.</u>	Definitions UR and grievance	
Right to appeal	<u>376.1361.10</u>	Right to appeal for coverage of drugs & durable medical equip.	
UR Determinations	<u>376.1363 RSMo.</u>	Notification requirements for UR determinations	
Determination for emergency services	<u>376.1367 RSMo.</u>	UR or benefit determination for emergencies	
Utilization Review procedures	<u>376.1372 RSMo.</u>	UR procedures in EOC	
Grievance procedures in EOC	<u>376.1378 RSMo.</u>	Includes statement that enrollee can contact MDI at anytime	
Grievance procedures	<u>376.1382 RSMo.</u>	Guidelines for 1 <sup>st</sup> level grievance procedure identified	
Grievance: second level review	<u>376.1385 RSMo.</u>	Guidelines for 2 <sup>nd</sup> level grievance	
Expedited review	<u>376.1389 RSMo.</u>	Procedure for an expedited review	

**SMALL GROUP**

**Provisions applicable to small group only:**

Eligible Employee	<u>379.930.2(15) RSMo.</u>	Requirements for those who are eligible for coverage	
Late enrollee	<u>379.930.2(23) RSMo.</u>	Provision for a late enrollee	
Definition of Small Employer	<u>379.930.2(34) RSMo.</u>	Not less than 2 to 50 employees.	
Change of premiums	<u>379.938.4(2) RSMo.</u>	Rules relating to the carrier's ability change premiums.	
<ul style="list-style-type: none"> <li>Pre-existing condition exclusions</li> <li>Qualifying previous coverage</li> <li>Waiting periods</li> </ul>	<u>379.940.2(1) RSMo.</u>	See 376.450 & 376.451 RSMo.	



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Participation Levels	379.940.2(2) RSMo.	100% for groups 3 or less	
		75% for groups with more than 3 employees	

**PROHIBITED**

Arbitration	435.350 RSMo.	<b>Arbitration is not allowed in contracts of insurance</b>	
Subrogation & Third party recovery	<b>20CSR 400-2.030</b>	<b>"Subrogation will not be allowed in any plan as distinguished from the rights to recovery"</b>	
Application	375.936 (11) (f) RSMo.	<b>Applications cannot ask if the applicant has been declined for other insurance</b>	

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. The **Bolded** descriptions are areas which the Department frequently requires Insurers to make revisions of their policies or contracts. With respect to ordinary Health & Accident policies, the remaining provisions are similar in substance to NAIC model regulations. **Please refer to the statutes and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over this checklist.**